

SERFF Tracking Number: ARKS-125533472 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #195454 \$50
Company Tracking Number: AR-CF-040808-BHHC-F1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Companies: 10855 - CYPRESS INSURANCE COMPANY, 20044 - CORNHUSKER CASUALTY COMPANY

Product Name: n/a SERFF Tr Num: ARKS-125533472 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #195454 \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: AR-CF-040808-BHHC-F1 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Disposition Date: 03/14/2008
Date Submitted: 03/10/2008 Disposition Status: Approved
Effective Date Requested (New): 04/08/2008 Effective Date (New): 04/08/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/14/2008
State Status Changed: 03/14/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125533472 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #195454 \$50
Company Tracking Number: AR-CF-040808-BHHC-FI
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: n/a
Project Name/Number: /

NA, AR 00000

Filing Company Information

10855 - CYPRESS INSURANCE COMPANY	CoCode: 10855	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

20044 - CORNHUSKER CASUALTY COMPANY	CoCode: 20044	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

<i>SERFF Tracking Number:</i>	<i>ARKS-125533472</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR-CF-040808-BHHC-F1</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/14/2008	03/14/2008

<i>SERFF Tracking Number:</i>	<i>ARKS-125533472</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>10855 - CYPRESS INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#195454 \$50</i>
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<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 03/14/2008
Effective Date (New): 04/08/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: *ARKS-125533472* *State:* *Arkansas*
First Filing Company: *10855 - CYPRESS INSURANCE COMPANY, ...* *State Tracking Number:* *#195454 \$50*
Company Tracking Number: *AR-CF-040808-BHHC-F1*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *n/a*
Project Name/Number: */*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125533472		No

<i>SERFF Tracking Number:</i>	<i>ARKS-125533472</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>10855 - CYPRESS INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#195454 \$50</i>
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<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *ARKS-125533472* *State:* *Arkansas*
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Product Name: *n/a*
Project Name/Number: */*

Supporting Document Schedules

Satisfied -Name: ARKS-125533472 **Review Status:** 03/14/2008
Comments:
Attachment:
ARKS-125533472.pdf



ARKS-125533472

LR

Berkshire Hathaway Homestate Companies

Redwood Fire and Casualty Insurance Company
Cornhusker Casualty Company
Brookwood Insurance Company

Continental Divide Insurance Company
Oak River Insurance Company
Cypress Insurance Company

March 5, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

CHK# 195454
\$50

Subject: Cornhusker Casualty Company and Cypress Insurance Company
Form Filing
Commercial Property Endorsements
NAIC #: 031-20044, 031-10855
Company Filing #: AR-CF-040808-BHHC-F1
Effective Date: April 8, 2008

RECEIVED

1 MAR 10 2008

**PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT**

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file two optional endorsements for Commercial Property coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsements apply to policies effective on or after April 8, 2008."

If we do not receive approval by April 8, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsements in this filing are in regards to Commercial Property coverage and are intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

Sincerely,

Diane M. Pokorny

Diane M. Pokorny
Regulatory Analyst
dpokorny@bh-hc.com

**Approved until withdrawn
or revoked**

MAR 14 2008

Arkansas Insurance Department

By: *LR*

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only <p style="text-align: center;">Approved until withdrawn or revoked</p> <p style="text-align: center; font-size: 1.2em;">MAR 14 2008</p> <p>Arkansas Insurance Department By: <i>SK</i></p>	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">New Business</div> <div style="flex: 1;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">Renewal Business</div> <div style="flex: 1;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Berkshire Hathaway Homestate Companies	0031

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cornhusker Casualty Company	NE	20044	47-0529945	
	Cypress Insurance Company	CA	10855	95-6042929	

5. Company Tracking Number	AR-CF-040808-BHHC-F1
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114	Regulatory Analyst	800-488-2930	402-393-7619	dpokorny@bh-hc.com

7. Signature of authorized filer	<i>Diane M. Pokorny</i>
8. Please print name of authorized filer	Diane M. Pokorny

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0
10. Sub-Type of Insurance (Sub-TOI)	01.0001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Property
13. Filing Type CF	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 04/08/08 Renewal:

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	03/05/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-CF-040808-BHHC-F1
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Vacancy Permit (CPM 2031 02 08)

The above form is optional and modifies insurance provided under the Building and Personal Property Coverage Form, Causes of Loss – Basic Form, Causes of Loss – Broad Form and Causes of Loss – Special Form. The form excludes Coverage E. (6) Vacancy of the Building and Personal Property Coverage Form.

Roof Exclusion (CPM 2032 02 08)

The above form is optional and modifies insurance provided under the Building and Personal Property Coverage Form, Causes of Loss – Basic Form, Causes of Loss – Broad Form and Causes of Loss – Special Form. It excludes coverage for direct physical loss or damage to a roof.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 0000195454 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Effective March 1, 2007

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-CF-040808-BHHC-F1		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Vacancy Permit	CPM 2031 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Roof Exclusion	CPM 2032 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

EXPLANATORY MEMORANDUM
(AR-CF-040808-BHHC-F1)

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file two optional endorsements for Commercial Property coverages in Arkansas. This filing represents an independent program of the companies.

Effective Date

We hereby propose the following effective date rule:

“The endorsements apply to policies effective on or after April 8, 2008.”

If we do not receive approval by April 8, 2008, an amended effective date will be selected upon approval.

Vacancy Permit (CPM 2031 02 08)

The above form is optional and modifies insurance provided under the Building and Personal Property Coverage Form, Causes of Loss – Basic Form, Causes of Loss – Broad Form and Causes of Loss – Special Form. The form excludes Coverage E. (6) Vacancy of the Building and Personal Property Coverage Form.

Roof Exclusion (CPM 2032 02 08)

The above form is optional and modifies insurance provided under the Building and Personal Property Coverage Form, Causes of Loss – Basic Form, Causes of Loss – Broad Form and Causes of Loss – Special Form. It excludes coverage for direct physical loss or damage to a roof.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsements in this filing together with the approved ISO forms.

Person to Contact

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VACANCY PERMIT

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CAUSES OF LOSS – BASIC FORM
CAUSES OF LOSS – BROAD FORM
CAUSES OF LOSS – SPECIAL FORM

Coverage E. ("Loss Conditions"), Item 6 ("Vacancy") of the Building and Personal Property Coverage Form shall not apply to this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ROOF EXCLUSION

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CAUSES OF LOSS – BASIC FORM
CAUSES OF LOSS – BROAD FORM
CAUSES OF LOSS – SPECIAL FORM

This insurance does not apply to direct physical loss or damage to the roof of any Covered Property regardless of the cause of the damage or loss. This insurance also does not apply to loss or damage to other property caused directly or indirectly, in whole or in part, by such defective or damaged roof.